

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. E395067

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input checked="" type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>
TRIBAL RESERVATION					

CASE #	15-00182		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	02	OBJECT STRUCK	

DATE OF COLLISION	01	-	20	-	2015	TIME (2400)	0725	COUNTY #	31	MILES		CITY #	0664
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>													

20TH ST SE		BLOCK NO.	<input checked="" type="checkbox"/>	8400
		MILE POST	<input type="checkbox"/>	

DISTANCE	150	00	MILES	<input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	OF (REFERENCE OR CROSS STREET)	83RD AVE SE
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UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4254073341
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LAST NAME	KARPEN	FIRST NAME	WHITNEY	MIDDLE INITIAL	R
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STREET NEW ADDRESS	123 112TH AVE NE APT 301
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CITY	BELLEVUE	ST	WA	ZIP	980046490
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	KARPEWR146BM	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	01	14	1986
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AFL8638	STATE	WA	VIN#	5Y2SL65848Z407232
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2008	MAKE	PONT	MODEL	VIBSW	STYLE	4H	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. WHITNEY KARPEN 9206 19TH PL SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	OREGON MUTUAL INS WP 738934		
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	



UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4257373201
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LAST NAME	BEESON	FIRST NAME	LORRAINE	MIDDLE INITIAL	T
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STREET NEW ADDRESS	5722 136TH PL SE
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CITY	EVERETT	ST	WA	ZIP	982089475
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CDL	RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	BEESOLT394MF	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	07	06	1961
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AGR5242	STATE	WA	VIN#	2T3ZF4DV8BW089902
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2011	MAKE	TOYT	MODEL	RAV4	STYLE	UT	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. KENT BEESON 9210 15TH ST SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA 1516038		
VEHICLE LEGALLY STANDING	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	



OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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DAPT A



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E395067

CASE #

15-00182

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 2 was stopped for traffic facing westbound on 20th St SE. Unit 1 was travelling westbound on 20th St SE, driver took her eyes off road to grab a computer that had fallen on to the floor. Driver of Unit 1 looked up and saw Unit 2 was stopped and collided with Unit 2 at the rear. There were no reported injuries and Unit 1 was towed away by Rescue Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-25-15 03:12 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

1/26/2015 12:51:34 AM

BADGE OR ID #

075

ORI #

WA0311900

TIME POLICE DISPATCHED

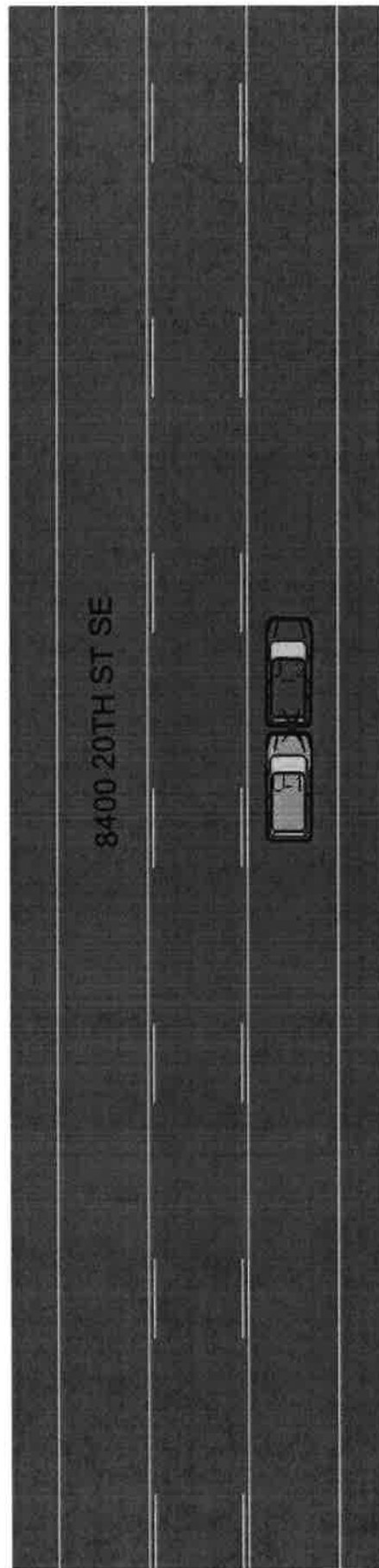
7:25 AM

TIME POLICE ARRIVED

7:30 AM



DRAWING IS NOT TO SCALE



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 15-00182

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) KARPEN, WHITNEY R	RACE	ETH	SEX F	DOB 1/14/1986	AGE 29	HGT 5'6"	WGT 169	HAIR	EYES
STREET ADDRESS 9206 19TH PL SE		CITY LAKE STEVENS			STATE WA	ZIP 98259	RES. STATUS			
HOME PHONE N/A		CELL PHONE (425) 407-3341			PLACE OF EMPLOYMENT FLUKE CORPORATION					
WORK PHONE (425) 418-6877		EMAIL ADDRESS whitney.karpen@gmail.com								

I, WHITNEY KARPEN, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS DRIVING TO WORK ON TUESDAY MORNING, JANUARY 20, 2015. MY HANDBAG SLID OFF OF THE PASSENGER'S SEAT INTO THE FOOTWELL. I JUDGED THE TRAFFIC AND THOUGHT IT WOULD BE SAFE TO RETRIEVE IT. WHEN I LOOKED BACK UP AT THE ROAD AFTER RETRIEVING IT, THE TRAFFIC WAS STOPPED AT THE LIGHT. I ATTEMPTED TO TURN INTO THE MIDDLE TURN LANE WHEN I REALIZED I DIDN'T HAVE ENOUGH TIME TO STOP. I HIT THE VEHICLE IN FRONT OF ME ON THE REAR DRIVERS SIDE BUMPER.

I LOOKED AWAY FROM THE ROAD FOR APPROXIMATELY 5 SECONDS.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Whitney Karpen</u>	DATE SIGNED 1/20/2015	LOCATION SIGNED SITE OF ACCIDENT, LAKE STEVENS, WA
OFFICER/NUMBER: <u>C. Chua #75</u>	DATE SIGNED 1/20/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_ OF \_\_\_

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT



CASE NUMBER

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Beeson, Lorraine Theron	RACE W	ETH	SEX F	DOB 7-6-61	AGE 53	HGT 5'5"	WGT 150	HAIR BRN	EYES BLU
STREET ADDRESS 9210 15th St SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS OWNER		
HOME PHONE 425-374-7157		CELL PHONE 425-737-3201		PLACE OF EMPLOYMENT Edmonds K-12, ESD 15						
WORK PHONE 425-431-4664		EMAIL ADDRESS lorrainevocaltrainer@gmail.com								

I, Lorraine Beeson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was sitting behind cars waiting for light to change on 20th St Lake Stevens going West & Car Slammed me from behind,

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Lorraine Beeson</u>	DATE SIGNED <u>7/20/2014</u>	LOCATION SIGNED <u>On Road</u>
OFFICER/NUMBER: <u>C. Pratt #15</u>	DATE SIGNED <u>11/20/15</u>	LOCATION SIGNED

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PAGE \_\_\_ OF \_\_\_

Incident History for: #SS15001166 Xref: #AG15000200

Case Numbers: \$SS15000182

Entered 01/20/15 07:25:30 BY SPDF24 SP0036  
Dispatched 01/20/15 07:25:43 BY SPDP17 SP0320  
Enroute 01/20/15 07:25:43  
Onscene 01/20/15 07:32:47  
Closed 01/20/15 08:28:56

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: D

Police BLK: SS003 Fire BLK: AG1318 Map Page: 397D-4 Group: SS1 Beat: SOUT

Src: T

Loc: 8400 20 ST SE , LKS btwn 83 AV SE & 87 AV SE (V)

Loc Info:

Name: DEESON, LORAINÉ

Addr:

Phone: 4257373201

/0725 (SP0036) ENTRY , 2 CAR MVA, UNK INJURY  
/0725 (SP0320) DISPER 19D3 #SS75 CHRISTENSEN, OFCR (CHAD)  
/0726 (SP0036) SUPP NAM: DEESON, LORAINÉ,  
PHO: 4257373201,  
TXT: SIL RAV 4/SIL PONT VIBE BLOCKING  
/0727 (SP0320) ASSTER 19S10 [8400 20 ST SE , LKS]  
#SS13 BROOKS, SGT (RON)  
/0732 (SS75 ) \*ONSCNE 19D3  
/0735 (SP0320) ASNCAS 19D3 \$SS15000182  
/0738 (SS75 ) REMINQ 19D3 MDTVEH, AGR5242, , WA, , , , , , , , ,  
/0738 REMINQ 19D3 MDTVEH, AFL8638, , WA, , , , , , , , ,  
/0747 (SP0320) MISC 19D3 , RESCUE TOW ENRT  
/0818 CLEAR 19D3 D/H  
/0818 ONSCNE 19S10  
/0828 (SS13 ) \*CLEAR 19S10 D/D  
/0828 CLOSE 19S10